

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3739
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	NANO-ACTUATED MEDICAL DEVICE
Attorney Docket Number::	29985/02-032I
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	45
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Netherlands
Status::	Full Capacity
Given Name::	Jan
Family Name::	Weber
City of Residence::	Maple Grove
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	18112 89th Place N
City of mailing address::	Maple Grove
State or Province of mailing address::	MN
Postal or Zip Code of mailing address::	55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Thomas
Family Name:: Holman
City of Residence:: Princeton
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 29625 139th Street, N.W.
City of mailing address:: Princeton
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55371

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Tracee
Family Name:: Eidenschink
City of Residence:: Wayzata
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 2232 Pinto Drive
City of mailing address:: Wayzata
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: John
Family Name:: Chen
City of Residence:: Plymouth

State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 4725 Terraceview Lane North
City of mailing address:: Plymouth
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55446

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Assignee Information

Assignee name:: SCIMED LIFE SYSTEMS, INC.
Street of mailing address:: One Scimed Place
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55311-1566